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FACSIMILE TRANSMISSION COVER SHEETPLEASE DELIVER TO:**NAME:** Examiner Jack Chiang/Art Unit 2642**FAX TELEPHONE NO.** 571.273.8300**MESSAGE SENT BY:** Daniel C. Crilly, Esq.**DATE:** January 26, 2006**PAGES:** (including cover).....17**MESSAGE:** Please see attached RCE Transmittal (1 page), Fee Transmittal (1 page), and Submission in Support of an RCE under 37 C.F.R. § 1.114 (14 pages) in connection with U.S. Appl. Serial No. 10/071,938. Thank you.

CERTIFICATE OF FAX TRANSMITTAL	
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Complete if Known

Application Number	10/071,938
Filing Date	February 7, 2002
First Named Inventor	Robert J. Mulligan
Examiner Name	Jack Chiang
Art Unit	2642
TOTAL AMOUNT OF PAYMENT	(\$ 790.00)
Attorney Docket No.	CM01562L

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METHOD OF PAYMENT (check all that apply)

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under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple dependent claims	360 180
Total Claims	Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)
- 20 or HP =	x =
HP = highest number of total claims paid for, if greater than 20	
Indep. Claims	Extra Claims Fee (\$) Fee Paid (\$)
- 3 or HP =	x =
HP = highest number of independent claims paid for, if greater than 3	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

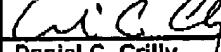
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination

790.00

SUBMITTED BY

Signature		Registration No. 38,417 (Attorney/Agent)	Telephone (954) 522-2200
Name (Print/Type)	Daniel C. Crilly		
	Date 01/26/2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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